

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

CALIFORNIA  
FORM 460

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Statement covers period  
from 07/15/2020

through 09/20/2020

Date of election if applicable:  
(Month, Day, Year)

11/03/2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5)

- ☐ General Purpose Committee

- ☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee

- ☐ Controlled  
☐ Sponsored

(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☒ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report

filling as requested by city clerk

3. Committee Information

I.D. NUMBER  
pending

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)

1461 N MILPITAS BLVD

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 4088986537

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

1461 N MILPITAS BLVD

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

SURAJFORMILPITAS@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

SURAJ VISWANATHAN

MAILING ADDRESS

1461 N MILPITAS BLVD

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 4088986537

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

SURAJFORMILPITAS@GMAIL.COM

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/05/2020  
Date

Executed on 10/05/2020  
Date

Executed on  
Date

Executed on  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 07/15/2020
through 09/20/2020

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

I.D. NUMBER
PENDING

Table with 7 columns: DATE RECEIVED, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER, AMOUNT RECEIVED THIS PERIOD, CUMULATIVE TO DATE CALENDAR YEAR, PER ELECTION TO DATE. Rows include contributions from Andrew Au and Vivian Li.

SUBTOTAL \$ 500

Schedule A Summary

- 1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ 800
2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 200
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1000

\*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>07/15/2020</u> through <u>09/20/2020</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER <b>PENDING</b>

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NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
SURAJ VISWANATHAN 1461 N MILPITAS BLVD MILPITAS CA 95035  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RENEGADE CRICKET SELF	\$ 0	\$ 45000	<input type="checkbox"/> PAID \$ 0  <input type="checkbox"/> FORGIVEN \$ 0	\$ 45000  DATE DUE	0 % RATE \$ 0	\$ 45000  07/20 DATE INCURRED	CALENDAR YEAR \$ 54009  PER ELECTION** \$
SURAJ VISWANATHAN 1461 N MILPITAS BLVD MILPITAS CA 95035  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RENEGADE CRICKET SELF	\$ 0	\$ 9009	<input type="checkbox"/> PAID \$ 0  <input type="checkbox"/> FORGIVEN \$ 0	\$ 9009  DATE DUE	0 % RATE \$ 0	\$ 9009  08/14 DATE INCURRED	CALENDAR YEAR \$ 54009  PER ELECTION** \$
    † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$  <input type="checkbox"/> FORGIVEN \$	\$  DATE DUE	% RATE \$	\$  DATE INCURRED	CALENDAR YEAR \$  PER ELECTION** \$
<b>SUBTOTALS</b>							\$ 54009	\$ 54009

(Enter (e) on Schedule E, Line 3)

## Schedule B Summary

1. Loans received this period.....	\$ 54009
(Total Column (b) plus unitemized loans of less than \$100.)	
2. Loans paid or forgiven this period.....	\$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)	
(Include loans paid by a third party that are also itemized on Schedule A.)	
3. Net change this period. <b>(Subtract Line 2 from Line 1.)</b> .....	<b>NET \$ 54009</b>
Enter the net here and on the Summary Page, Column A, Line 2.	

(May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

Recipient Committee  
Campaign Statement  
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SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 09/20/2020

through 10/17/2020

Date of election if applicable:  
(Month, Day, Year)

11/03/2020

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

✓ Officeholder, Candidate Controlled Committee  
State Candidate Election Committee  
Recall  
(Also Complete Part 5)

Primarily Formed Ballot Measure  
Committee  
Controlled  
Sponsored  
(Also Complete Part 6)

General Purpose Committee  
Sponsored  
Small Contributor Committee  
Political Party/Central Committee

Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

✓ Preelection Statement  
Semi-annual Statement  
Termination Statement  
(Also file a Form 410 Termination)  
Amendment (Explain below)

Quarterly Statement  
Special Odd-Year Report

3. Committee Information

I.D. NUMBER  
PENDING

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)

1461 N MILPITAS BLVD

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 4088986537

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

1461 N MILPITAS BLVD

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

SURAJFORMILPITAS@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

SURAJ VISWANATHAN

MAILING ADDRESS

1461 N MILPITAS BLVD

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 4088986537

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/21/2020  
Date

Executed on 10/21/2020  
Date

Executed on  
Date

Executed on  
Date

By   
Signature of Treasurer or Assistant Treasurer

By   
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By   
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By   
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

SURAJ VISWANATHAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL, CITY OF MILPITAS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1461 N MILPITAS BLVD MILPITAS CA 95035

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT  
OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT  
OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>5</u>	I.D. NUMBER PENDING

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>1000</u>
2. Loans Received ..... Schedule B, Line 3	<u>0</u>	<u>54009</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>55009</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>55009</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>14277.44</u>	\$ <u>52679.44</u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>14277.44</u>	\$ <u>52679.44</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>14277.44</u>	\$ <u>52679.44</u>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>16607</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>14277.44</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2329.56</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>54009</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>4</u> of <u>5</u> I.D. NUMBER <b>PENDING</b>
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NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PRINTPAPA 1920 LAFAYETTE STREET, UNIT L SANTA CLARA, CA 95050	LIT POS		\$7097
PARAMOUNT COMMUNICATIONS P.O.BOX 88 HOLISTER, CA 95023	PRT CNS		\$3837.44
BAY AREA NEWS GROUP P.O.BOX 8005 WILLOUGHBY, OH 44096	PRT		\$2678

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 13612.44**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 14277.44
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 14277.44</b>

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER PENDING	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR MILPITAS CITY COUNCIL 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALLFIRE ONLINE SERVICE		DIALER SERVICE	280
VERTICAL RESPONSE 550 KEARNY STREET, #710 SAN FRANCISCO, CA 94108	LIT		160
RJAY DILAN JAUREZ 412 DELLBROOK AVE SOUTH SAN FRANCISCO, CA94080	PRT		225

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 665**



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Campaign Statement  
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Statement covers period  
from 07/15/2020

through 09/20/2020

Date of election if applicable:  
(Month, Day, Year)

11/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee  
State Candidate Election Committee  
Recall

(Also Complete Part 5)

General Purpose Committee  
Sponsored

Small Contributor Committee  
Political Party/Central Committee

Primarily Formed Ballot Measure  
Committee  
Controlled  
Sponsored

(Also Complete Part 6)

Primarily Formed Candidate/  
Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

☒ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)

Quarterly Statement  
Special Odd-Year Report

3. Committee Information

I.D. NUMBER  
pending

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)

1461 N Milpitas Blvd

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 4088986537

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

SURAJFORMILPITAS@GMAIL.COM

Treasurer(s)

NAME OF TREASURER

SURAJ VISWANATHAN

MAILING ADDRESS

1461 N Milpitas Blvd

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 4088986537

NAME OF ASSISTANT TREASURER IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/24/2020  
Date

Executed on 09/24/2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Suraj Viswanathan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL, CITY OF MILPITAS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE
----------------------	--------------	-------------------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/15/2020</u> through <u>09/20/2020</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER PENDING	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1000	\$ 1000
2. Loans Received..... Schedule B, Line 3	54009	54009
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 55009	\$ 55009
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 55009	\$ 55009

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 38402	\$ 38402
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 38402	\$ 38402
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 38402	\$ 38402

## Expenditure Limit Summary for State Candidates

<b>22. Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts..... Column A, Line 3 above	55009
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	38402
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 16607

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
--	------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 54009

Schedule A  
Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

CALIFORNIA 460  
FORM

Statement covers period  
from 07/15/2020  
through 09/20/2020

Page 4 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/17/2020	Jai Bokey 9503 Hayden Creek Court Prospect KY 40059	✓ IND COM OTH PTY SCC	VP V-Soft	\$100		
09/20/2020	Tingna Xu 2190 Cuesta Dr Milpitas CA 95035	✓ IND COM OTH PTY SCC	Housemaker	\$100		
09/20/2020	Vivian L PO Box 1215 Millbrae CA 94030	✓ IND COM OTH PTY SCC	Business owner	\$250		
09/20/2020	Andrew A PO Box 1215 Millbrae CA 94030	✓ IND COM OTH PTY SCC	Engineer	\$250		
09/20/2020	You-Wen Yi 1077 Eagle Ridge Way Milpitas CA 95035	✓ IND COM OTH PTY SCC	Retired	\$100		
SUBTOTAL \$ 800						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 800
2. Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 200
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 1000

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>07/15/2020</u> through <u>09/20/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

I.D. NUMBER

PENDING

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
SURAJ VISWANATHAN  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RENEGADE CRICKET SELF	\$ 0	\$ 45000	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 45000  07/20 DATE DUE	0 RATE \$ 0	\$ 45000  07/20 DATE INCURRED	CALENDAR YEAR \$ 45000 PER ELECTION** \$ 54009
  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 45000	\$ 9009	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 9009  08/14 DATE DUE	0 RATE \$ 0	\$ 9009  07/20 DATE INCURRED	CALENDAR YEAR \$ 9009 PER ELECTION** \$ 54009
  † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$  DATE DUE	0 RATE \$	\$  DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<b>SUBTOTALS</b>		\$ 54009	\$ 0	\$ 54009	\$ 0			

(Enter (e) on Schedule E, Line 3)

## Schedule B Summary

1. Loans received this period .....	\$ 54009
(Total Column (b) plus unitemized loans of less than \$100.)	
2. Loans paid or forgiven this period .....	\$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)	
(Include loans paid by a third party that are also itemized on Schedule A.)	
3. Net change this period. (Subtract Line 2 from Line 1.)	NET \$ 54009
Enter the net here and on the Summary Page, Column A, Line 2.	

(May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/15/2020</u> through <u>09/20/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>13</u>
I.D. NUMBER PENDING	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PARAMOUNT COMMUNICATIONS P.O.BOX 88 HOLISTER, CA 95023	CNS		2500
PARAMOUNT COMMUNICATIONS P.O.BOX 88 HOLISTER, CA 95023	LIT		4515
PARAMOUNT COMMUNICATIONS P.O.BOX 88 HOLISTER, CA 95023	CNS		2500

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 9515**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 38402
2. Unitemized payments made this period of under \$100	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 38402</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/15/2020</u> through <u>09/20/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

I.D. NUMBER

PENDING

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHAMBER OF COMMERCE 828 N HILLVIEW DR, MILPITAS, CA 95035	PRT		20
CHAMBER OF COMMERCE 828 N HILLVIEW DR, MILPITAS, CA 95035	PRT		20
THE HOME DEPOT 1177 GREAT MALL DR MILPITAS, CA 95035		HOLDERS FOR SIGNS	121.11
VERTICAL RESPONSE 550 KEARNY ST, #710 SAN FRANCISCO, CA 94108	LIT		160
VERTICAL RESPONSE 550 KEARNY ST, #710 SAN FRANCISCO, CA 94108	LIT		160

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 481.11**

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

Statement covers period  
from 07/15/2020  
through 09/20/2020

CALIFORNIA  
FORM **460**

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I.D. NUMBER

PENDING

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BAY AREA NEWS GROUP PO BOX 8005 WILLOUGHBY, OH 44096	PRT		200
BAY AREA NEWS GROUP PO BOX 8005 WILLOUGHBY, OH 44096	PRT		300
BAY AREA NEWS GROUP PO BOX 8005 WILLOUGHBY, OH 44096	PRT		1308
BAY AREA NEWS GROUP PO BOX 8005 WILLOUGHBY, OH 44096	PRT		1480
BAY AREA NEWS GROUP PO BOX 8005 WILLOUGHBY, OH 44096	PRT		750

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 4038**

FPPC Form 460 (Jan/2016))

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**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/15/2020 through 09/20/2020	CALIFORNIA FORM <b>460</b> Page <u>9</u> of <u>13</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

I.D. NUMBER

PENDING

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT		8898
RJAY DILAN JUAREZ 412 DELLBROOK AVENUE SOUTH SAN FRANCISCO, CA 94080	PRT		360
THE MILPITAS BEAT 567 GLASGOW CT MILPITAS, CA 95035	PRT		1250
THE MILPITAS BEAT 567 GLASGOW CT MILPITAS, CA 95035	PRT		720
THE MILPITAS BEAT 567 GLASGOW CT MILPITAS, CA 95035	PRT		2100

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 13328**

FPPC Form 460 (Jan/2016))

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**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/15/2020</u> through <u>09/20/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT		1559.65
RJAY DILAN JUAREZ 412 DELLBROOK AVENUE SOUTH SAN FRANCISCO, CA 94080	PRT		105
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT		700
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT		572.25
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT		1793.05

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 4729.95

FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/15/2020</u> through <u>09/20/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>11</u> of <u>13</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

I.D. NUMBER

PENDING

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PARAMOUNT COMMUNICATIONS P.O.BOX 88 HOLISTER, CA 95023	PRT		1174.80
RJAY DILAN JUAREZ 412 DELLBROOK AVENUE SOUTH SAN FRANCISCO, CA 94080	PRT		15
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT		1553.25
FIVERR P.O.BOX 505000 LOUVILLE, KY 40233	PRT		27
CITY OF MILPITAS 455 E CALAVARES BLVD MILPITAS, CA 95035	FIL		2890

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 5660.05**

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/15/2020</u> through <u>09/20/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

I.D. NUMBER

PENDING

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NGPVAN 655 15TH STREET NW. #650 WASHINGTON, DC 20005	VOT		500
CALLFIRE ONLINE SERVICE		DIALER SERVICE	50

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 550**

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/15/2020</u> through <u>09/20/2020</u>	<b>CALIFORNIA FORM 460</b> Page <u>13</u> of <u>13</u> I.D. NUMBER PENDING
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SIGNAGE MARYLINN DR. MILPITAS, CA 95035	PRT			100

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 100**

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>SURAJ FOR MILPITAS CITY COUNCIL 2020</b>		Date of This Filing <b>08/14/2020</b>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>4088986537</b>	I.D. NUMBER (if applicable) <b>PENDING</b>	Report No. <b>1</b>	City Clerk's Office <b>AUG 14 2020</b> <b>RECEIVED</b>	
STREET ADDRESS <b>1461 N MILPITAS BLVD</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>MILPITAS</b>	STATE <b>CA</b>	ZIP CODE <b>95035</b>	No. of Pages <b>1</b>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/10/2020	SURAJ VISWANATHAN 1461 N MILPITAS BLVD, MILPITAS, CA 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RENEGADE CRICKET LLC	\$9009.00 <input checked="" type="checkbox"/> Check if Loan 0 % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input checked="" type="checkbox"/> Check if Loan 0 % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee